

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1400014A  
PAYMENT ISSUE DATE: 8/27/2014

ALAMEDA COUNTY TREASURER  
1221 OAK STREET

OAKLAND CA 94612

**Allocation of Vehicle License Fees-Local Realignment, Public Health**

Section 17604(b) Welfare and Institutions Code. To be deposited in General Fund for Public Health

Fiscal Year: 2014-15

More information at [http://www.sco.ca.gov/ard\\_local\\_apportionments.html](http://www.sco.ca.gov/ard_local_apportionments.html)

Collection Period 7/16/2014 TO: 8/15/2014

**Total amount collected:** \$88,915,310.58

**Gross monthly apportionment:** \$88,915,310.58

<b>Gross Claim</b>	<b>\$</b>	<b>4,073,646.16</b>
<b>County Medical Services Program Offset</b>	<b>\$</b>	<b>0.00</b>
<b>Net Claim / Payment Amount</b>	<b>\$</b>	<b>4,073,646.16</b>
<b>YTD Amount:</b>	<b>\$</b>	<b>4,073,646.16</b>

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1400014A  
PAYMENT ISSUE DATE: 8/27/2014

ALPINE COUNTY TREASURER  
PO BOX 217

MARKLEEVILLE CA 96120

**Allocation of Vehicle License Fees-Local Realignment, Public Health**

Section 17604(b) Welfare and Institutions Code. To be deposited in General Fund for Public Health

Fiscal Year: 2014-15

More information at [http://www.sco.ca.gov/ard\\_local\\_apportionments.html](http://www.sco.ca.gov/ard_local_apportionments.html)

Collection Period 7/16/2014 TO: 8/15/2014

**Total amount collected:** \$88,915,310.58

**Gross monthly apportionment:** \$88,915,310.58

<b>Gross Claim</b>	\$	11,225.21
<b>County Medical Services Program Offset</b>	\$	0.00
<b>Net Claim / Payment Amount</b>	\$	11,225.21
<b>YTD Amount:</b>	\$	11,225.21

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1400014A  
PAYMENT ISSUE DATE: 8/27/2014

**AMADOR COUNTY TREASURER**  
810 COURT STREET

JACKSON CA 95642

**Allocation of Vehicle License Fees-Local Realignment, Public Health**

Section 17604(b) Welfare and Institutions Code. To be deposited in General Fund for Public Health

Fiscal Year: 2014-15

More information at [http://www.sco.ca.gov/ard\\_local\\_apportionments.html](http://www.sco.ca.gov/ard_local_apportionments.html)

Collection Period 7/16/2014 TO: 8/15/2014

**Total amount collected: \$88,915,310.58**

**Gross monthly apportionment: \$88,915,310.58**

<b>Gross Claim</b>	<b>\$</b>	<b>148,166.92</b>
<b>County Medical Services Program Offset</b>	<b>\$</b>	<b>0.00</b>
<b>Net Claim / Payment Amount</b>	<b>\$</b>	<b>148,166.92</b>
<b>YTD Amount:</b>	<b>\$</b>	<b>148,166.92</b>

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1400014A

PAYMENT ISSUE DATE: 8/27/2014

**BUTTE COUNTY TREASURER**

25 COUNTY CENTER DR

OROVILLE CA

95965

**Allocation of Vehicle License Fees-Local Realignment, Public Health**

Section 17604(b) Welfare and Institutions Code. To be deposited in General Fund for Public Health

Fiscal Year: 2014-15

More information at [http://www.sco.ca.gov/ard\\_local\\_apportionments.html](http://www.sco.ca.gov/ard_local_apportionments.html)

Collection Period 7/16/2014 TO: 8/15/2014

**Total amount collected: \$88,915,310.58**

**Gross monthly apportionment: \$88,915,310.58**

<b>Gross Claim</b>	<b>\$</b>	<b>968,614.62</b>
<b>County Medical Services Program Offset</b>	<b>\$</b>	<b>0.00</b>
<b>Net Claim / Payment Amount</b>	<b>\$</b>	<b>968,614.62</b>
<b>YTD Amount:</b>	<b>\$</b>	<b>968,614.62</b>

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1400014A  
PAYMENT ISSUE DATE: 8/27/2014

**CALAVERAS COUNTY TREASURER**  
GOVERNMENT CENTER

SAN ANDREAS CA 95249

**Allocation of Vehicle License Fees-Local Realignment, Public Health**

Section 17604(b) Welfare and Institutions Code. To be deposited in General Fund for Public Health

Fiscal Year: 2014-15

More information at [http://www.sco.ca.gov/ard\\_local\\_apportionments.html](http://www.sco.ca.gov/ard_local_apportionments.html)

Collection Period 7/16/2014 TO: 8/15/2014

**Total amount collected:** \$88,915,310.58

**Gross monthly apportionment:** \$88,915,310.58

<b>Gross Claim</b>	<b>\$</b>	<b>154,039.94</b>
<b>County Medical Services Program Offset</b>	<b>\$</b>	<b>0.00</b>
<b>Net Claim / Payment Amount</b>	<b>\$</b>	<b>154,039.94</b>
<b>YTD Amount:</b>	<b>\$</b>	<b>154,039.94</b>

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1400014A

PAYMENT ISSUE DATE: 8/27/2014

**COLUSA COUNTY TREASURER**

546 JAY ST

COLUSA CA

95932

**Allocation of Vehicle License Fees-Local Realignment, Public Health**

Section 17604(b) Welfare and Institutions Code. To be deposited in General Fund for Public Health

Fiscal Year: 2014-15

More information at [http://www.sco.ca.gov/ard\\_local\\_apportionments.html](http://www.sco.ca.gov/ard_local_apportionments.html)

Collection Period 7/16/2014 TO: 8/15/2014

**Total amount collected: \$88,915,310.58**

**Gross monthly apportionment: \$88,915,310.58**

<b>Gross Claim</b>	<b>\$</b>	<b>122,580.57</b>
<b>County Medical Services Program Offset</b>	<b>\$</b>	<b>0.00</b>
<b>Net Claim / Payment Amount</b>	<b>\$</b>	<b>122,580.57</b>
<b>YTD Amount:</b>	<b>\$</b>	<b>122,580.57</b>

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1400014A

PAYMENT ISSUE DATE: 8/27/2014

**CONTRA COSTA COUNTY TREASURER**

625 COURT ST RM 102

MARTINEZ CA

94553

**Allocation of Vehicle License Fees-Local Realignment, Public Health**

Section 17604(b) Welfare and Institutions Code. To be deposited in General Fund for Public Health

Fiscal Year: 2014-15

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Collection Period 7/16/2014 TO: 8/15/2014

**Total amount collected:** \$88,915,310.58

**Gross monthly apportionment:** \$88,915,310.58

<b>Gross Claim</b>	<b>\$</b>	<b>2,068,737.80</b>
<b>County Medical Services Program Offset</b>	<b>\$</b>	<b>0.00</b>
<b>Net Claim / Payment Amount</b>	<b>\$</b>	<b>2,068,737.80</b>
<b>YTD Amount:</b>	<b>\$</b>	<b>2,068,737.80</b>

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P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

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**DEL NORTE COUNTY TREASURER**

981 H ST STE 150

CRESCENT CITY CA

95531

**Allocation of Vehicle License Fees-Local Realignment, Public Health**

Section 17604(b) Welfare and Institutions Code. To be deposited in General Fund for Public Health

Fiscal Year: 2014-15

More information at [http://www.sco.ca.gov/ard\\_local\\_apportionments.html](http://www.sco.ca.gov/ard_local_apportionments.html)

Collection Period 7/16/2014 TO: 8/15/2014

**Total amount collected:** \$88,915,310.58

**Gross monthly apportionment:** \$88,915,310.58

<b>Gross Claim</b>	<b>\$</b>	<b>143,961.34</b>
<b>County Medical Services Program Offset</b>	<b>\$</b>	<b>0.00</b>
<b>Net Claim / Payment Amount</b>	<b>\$</b>	<b>143,961.34</b>
<b>YTD Amount:</b>	<b>\$</b>	<b>143,961.34</b>



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P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

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PAYMENT ISSUE DATE: 8/27/2014

**EL DORADO COUNTY TREASURER**

360 FAIR LANE

PLACERVILLE CA

95667

**Allocation of Vehicle License Fees-Local Realignment, Public Health**

Section 17604(b) Welfare and Institutions Code. To be deposited in General Fund for Public Health

Fiscal Year: 2014-15

More information at [http://www.sco.ca.gov/ard\\_local\\_apportionments.html](http://www.sco.ca.gov/ard_local_apportionments.html)

Collection Period 7/16/2014 TO: 8/15/2014

**Total amount collected:** \$88,915,310.58

**Gross monthly apportionment:** \$88,915,310.58

<b>Gross Claim</b>	<b>\$</b>	<b>560,450.58</b>
<b>County Medical Services Program Offset</b>	<b>\$</b>	<b>0.00</b>
<b>Net Claim / Payment Amount</b>	<b>\$</b>	<b>560,450.58</b>
<b>YTD Amount:</b>	<b>\$</b>	<b>560,450.58</b>

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P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1400014A

PAYMENT ISSUE DATE: 8/27/2014

**FRESNO COUNTY TREASURER**

PO BOX 1406

SACRAMENTO CA

95812

**Allocation of Vehicle License Fees-Local Realignment, Public Health**

Section 17604(b) Welfare and Institutions Code. To be deposited in General Fund for Public Health

Fiscal Year: 2014-15

More information at [http://www.sco.ca.gov/ard\\_local\\_apportionments.html](http://www.sco.ca.gov/ard_local_apportionments.html)

Collection Period 7/16/2014 TO: 8/15/2014

**Total amount collected: \$88,915,310.58**

**Gross monthly apportionment: \$88,915,310.58**

<b>Gross Claim</b>	<b>\$</b>	<b>2,527,705.67</b>
<b>County Medical Services Program Offset</b>	<b>\$</b>	<b>0.00</b>
<b>Net Claim / Payment Amount</b>	<b>\$</b>	<b>2,527,705.67</b>
<b>YTD Amount:</b>	<b>\$</b>	<b>2,527,705.67</b>

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1400014A

PAYMENT ISSUE DATE: 8/27/2014

**GLENN COUNTY TREASURER**  
516 WEST SYCAMORE STREET

WILLOWS CA 95988

**Allocation of Vehicle License Fees-Local Realignment, Public Health**

Section 17604(b) Welfare and Institutions Code. To be deposited in General Fund for Public Health

Fiscal Year: 2014-15

More information at [http://www.sco.ca.gov/ard\\_local\\_apportionments.html](http://www.sco.ca.gov/ard_local_apportionments.html)

Collection Period 7/16/2014 TO: 8/15/2014

**Total amount collected: \$88,915,310.58**

**Gross monthly apportionment: \$88,915,310.58**

<b>Gross Claim</b>	<b>\$</b>	<b>138,322.25</b>
<b>County Medical Services Program Offset</b>	<b>\$</b>	<b>0.00</b>
<b>Net Claim / Payment Amount</b>	<b>\$</b>	<b>138,322.25</b>
<b>YTD Amount:</b>	<b>\$</b>	<b>138,322.25</b>

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

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PAYMENT ISSUE DATE: 8/27/2014

**HUMBOLDT COUNTY TREASURER**

825 FIFTH STREET ROOM 125

EUREKA CA

95501

**Allocation of Vehicle License Fees-Local Realignment, Public Health**

Section 17604(b) Welfare and Institutions Code. To be deposited in General Fund for Public Health

Fiscal Year: 2014-15

More information at [http://www.sco.ca.gov/ard\\_local\\_apportionments.html](http://www.sco.ca.gov/ard_local_apportionments.html)

Collection Period 7/16/2014 TO: 8/15/2014

**Total amount collected:** \$88,915,310.58

**Gross monthly apportionment:** \$88,915,310.58

<b>Gross Claim</b>	<b>\$</b>	<b>979,889.81</b>
<b>County Medical Services Program Offset</b>	<b>\$</b>	<b>0.00</b>
<b>Net Claim / Payment Amount</b>	<b>\$</b>	<b>979,889.81</b>
<b>YTD Amount:</b>	<b>\$</b>	<b>979,889.81</b>

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P O BOX 942850, SACRAMENTO, CA 94250-0001

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CLAIM SCHEDULE NUMBER: 1400014A  
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**IMPERIAL COUNTY TREASURER**  
940 WEST MAIN STREET

EL CENTRO CA 92243 2863

**Allocation of Vehicle License Fees-Local Realignment, Public Health**

Section 17604(b) Welfare and Institutions Code. To be deposited in General Fund for Public Health

Fiscal Year: 2014-15

More information at [http://www.sco.ca.gov/ard\\_local\\_apportionments.html](http://www.sco.ca.gov/ard_local_apportionments.html)

Collection Period 7/16/2014 TO: 8/15/2014

**Total amount collected:** \$88,915,310.58

**Gross monthly apportionment:** \$88,915,310.58

<b>Gross Claim</b>	<b>\$</b>	<b>968,787.56</b>
<b>County Medical Services Program Offset</b>	<b>\$</b>	<b>0.00</b>
<b>Net Claim / Payment Amount</b>	<b>\$</b>	<b>968,787.56</b>
<b>YTD Amount:</b>	<b>\$</b>	<b>968,787.56</b>

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1400014A

PAYMENT ISSUE DATE: 8/27/2014

INYO COUNTY TREASURER

P O BOX O

INDEPENDENCE CA

93526

**Allocation of Vehicle License Fees-Local Realignment, Public Health**

Section 17604(b) Welfare and Institutions Code. To be deposited in General Fund for Public Health

Fiscal Year: 2014-15

More information at [http://www.sco.ca.gov/ard\\_local\\_apportionments.html](http://www.sco.ca.gov/ard_local_apportionments.html)

Collection Period 7/16/2014 TO: 8/15/2014

**Total amount collected:** \$88,915,310.58

**Gross monthly apportionment:** \$88,915,310.58

<b>Gross Claim</b>	<b>\$</b>	<b>188,290.36</b>
<b>County Medical Services Program Offset</b>	<b>\$</b>	<b>0.00</b>
<b>Net Claim / Payment Amount</b>	<b>\$</b>	<b>188,290.36</b>
<b>YTD Amount:</b>	<b>\$</b>	<b>188,290.36</b>

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1400014A

PAYMENT ISSUE DATE: 8/27/2014

**KERN COUNTY TREASURER**

PO BOX 981240

SACRAMENTO CA

95798 1240

**Allocation of Vehicle License Fees-Local Realignment, Public Health**

Section 17604(b) Welfare and Institutions Code. To be deposited in General Fund for Public Health

Fiscal Year: 2014-15

More information at [http://www.sco.ca.gov/ard\\_local\\_apportionments.html](http://www.sco.ca.gov/ard_local_apportionments.html)

Collection Period 7/16/2014 TO: 8/15/2014

**Total amount collected: \$88,915,310.58**

**Gross monthly apportionment: \$88,915,310.58**

<b>Gross Claim</b>	<b>\$</b>	<b>1,721,440.18</b>
<b>County Medical Services Program Offset</b>	<b>\$</b>	<b>0.00</b>
<b>Net Claim / Payment Amount</b>	<b>\$</b>	<b>1,721,440.18</b>
<b>YTD Amount:</b>	<b>\$</b>	<b>1,721,440.18</b>

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1400014A

PAYMENT ISSUE DATE: 8/27/2014

**KINGS COUNTY TREASURER**

PO BOX 1406

SACRAMENTO CA

95812 1406

**Allocation of Vehicle License Fees-Local Realignment, Public Health**

Section 17604(b) Welfare and Institutions Code. To be deposited in General Fund for Public Health

Fiscal Year: 2014-15

More information at [http://www.sco.ca.gov/ard\\_local\\_apportionments.html](http://www.sco.ca.gov/ard_local_apportionments.html)

Collection Period 7/16/2014 TO: 8/15/2014

**Total amount collected:** \$88,915,310.58

**Gross monthly apportionment:** \$88,915,310.58

<b>Gross Claim</b>	<b>\$</b>	<b>480,804.49</b>
<b>County Medical Services Program Offset</b>	<b>\$</b>	<b>0.00</b>
<b>Net Claim / Payment Amount</b>	<b>\$</b>	<b>480,804.49</b>
<b>YTD Amount:</b>	<b>\$</b>	<b>480,804.49</b>



CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1400014A

PAYMENT ISSUE DATE: 8/27/2014

**LAKE COUNTY TREASURER**

255 NORTH FORBES ST RM 215

LAKEPORT CA

95453

**Allocation of Vehicle License Fees-Local Realignment, Public Health**

Section 17604(b) Welfare and Institutions Code. To be deposited in General Fund for Public Health

Fiscal Year: 2014-15

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Collection Period 7/16/2014 TO: 8/15/2014

**Total amount collected:** \$88,915,310.58

**Gross monthly apportionment:** \$88,915,310.58

<b>Gross Claim</b>	<b>\$</b>	<b>210,129.98</b>
<b>County Medical Services Program Offset</b>	<b>\$</b>	<b>0.00</b>
<b>Net Claim / Payment Amount</b>	<b>\$</b>	<b>210,129.98</b>
<b>YTD Amount:</b>	<b>\$</b>	<b>210,129.98</b>

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1400014A

PAYMENT ISSUE DATE: 8/27/2014

**LASSEN COUNTY TREASURER**  
COUNTY COURTHOUSE RM 103

SUSANVILLE CA 96130

**Allocation of Vehicle License Fees-Local Realignment, Public Health**

Section 17604(b) Welfare and Institutions Code. To be deposited in General Fund for Public Health

Fiscal Year: 2014-15

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Collection Period 7/16/2014 TO: 8/15/2014

**Total amount collected:** \$88,915,310.58

**Gross monthly apportionment:** \$88,915,310.58

<b>Gross Claim</b>	<b>\$</b>	<b>150,161.25</b>
<b>County Medical Services Program Offset</b>	<b>\$</b>	<b>0.00</b>
<b>Net Claim / Payment Amount</b>	<b>\$</b>	<b>150,161.25</b>
<b>YTD Amount:</b>	<b>\$</b>	<b>150,161.25</b>

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1400014A

PAYMENT ISSUE DATE: 8/27/2014

LOS ANGELES COUNTY TREASURER

PO BOX 1859

SACRAMENTO CA

95812

**Allocation of Vehicle License Fees-Local Realignment, Public Health**

Section 17604(b) Welfare and Institutions Code. To be deposited in General Fund for Public Health

Fiscal Year: 2014-15

More information at [http://www.sco.ca.gov/ard\\_local\\_apportionments.html](http://www.sco.ca.gov/ard_local_apportionments.html)

Collection Period 7/16/2014 TO: 8/15/2014

**Total amount collected:** \$88,915,310.58

**Gross monthly apportionment:** \$88,915,310.58

<b>Gross Claim</b>	<b>\$</b>	<b>32,615,268.48</b>
<b>County Medical Services Program Offset</b>	<b>\$</b>	<b>0.00</b>
<b>Net Claim / Payment Amount</b>	<b>\$</b>	<b>32,615,268.48</b>
<b>YTD Amount:</b>	<b>\$</b>	<b>32,615,268.48</b>

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1400014A

PAYMENT ISSUE DATE: 8/27/2014

**MADERA COUNTY TREASURER**

C/O BANK OF AMERICA

PO BOX 1859

SACRAMENTO CA 95812 1859

**Allocation of Vehicle License Fees-Local Realignment, Public Health**

Section 17604(b) Welfare and Institutions Code. To be deposited in General Fund for Public Health

Fiscal Year: 2014-15

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Collection Period 7/16/2014 TO: 8/15/2014

**Total amount collected: \$88,915,310.58**

**Gross monthly apportionment: \$88,915,310.58**

<b>Gross Claim</b>	<b>\$</b>	<b>474,342.68</b>
<b>County Medical Services Program Offset</b>	<b>\$</b>	<b>0.00</b>
<b>Net Claim / Payment Amount</b>	<b>\$</b>	<b>474,342.68</b>
<b>YTD Amount:</b>	<b>\$</b>	<b>474,342.68</b>

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1400014A

PAYMENT ISSUE DATE: 8/27/2014

**MARIN COUNTY TREASURER**

PO BOX 4220

CIVIC CENTER

SAN RAFAEL CA

94913

**Allocation of Vehicle License Fees-Local Realignment, Public Health**

Section 17604(b) Welfare and Institutions Code. To be deposited in General Fund for Public Health

Fiscal Year: 2014-15

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Collection Period 7/16/2014 TO: 8/15/2014

**Total amount collected:** \$88,915,310.58

**Gross monthly apportionment:** \$88,915,310.58

<b>Gross Claim</b>	<b>\$</b>	<b>1,127,740.84</b>
<b>County Medical Services Program Offset</b>	<b>\$</b>	<b>0.00</b>
<b>Net Claim / Payment Amount</b>	<b>\$</b>	<b>1,127,740.84</b>
<b>YTD Amount:</b>	<b>\$</b>	<b>1,127,740.84</b>

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1400014A  
PAYMENT ISSUE DATE: 8/27/2014

**MARIPOSA COUNTY TREASURER**

PO BOX 36

MARIPOSA CA

95338

**Allocation of Vehicle License Fees-Local Realignment, Public Health**

Section 17604(b) Welfare and Institutions Code. To be deposited in General Fund for Public Health

Fiscal Year: 2014-15

More information at [http://www.sco.ca.gov/ard\\_local\\_apportionments.html](http://www.sco.ca.gov/ard_local_apportionments.html)

Collection Period 7/16/2014 TO: 8/15/2014

**Total amount collected:** \$88,915,310.58

**Gross monthly apportionment:** \$88,915,310.58

<b>Gross Claim</b>	<b>\$</b>	<b>80,428.82</b>
<b>County Medical Services Program Offset</b>	<b>\$</b>	<b>0.00</b>
<b>Net Claim / Payment Amount</b>	<b>\$</b>	<b>80,428.82</b>
<b>YTD Amount:</b>	<b>\$</b>	<b>80,428.82</b>

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1400014A

PAYMENT ISSUE DATE: 8/27/2014

**MENDOCINO COUNTY TREASURER**

501 LOW GAP RD 1060

UKIAH CA

95482

**Allocation of Vehicle License Fees-Local Realignment, Public Health**

Section 17604(b) Welfare and Institutions Code. To be deposited in General Fund for Public Health

Fiscal Year: 2014-15

More information at [http://www.sco.ca.gov/ard\\_local\\_apportionments.html](http://www.sco.ca.gov/ard_local_apportionments.html)

Collection Period 7/16/2014 TO: 8/15/2014

**Total amount collected:** \$88,915,310.58

**Gross monthly apportionment:** \$88,915,310.58

<b>Gross Claim</b>	<b>\$</b>	<b>304,870.96</b>
<b>County Medical Services Program Offset</b>	<b>\$</b>	<b>0.00</b>
<b>Net Claim / Payment Amount</b>	<b>\$</b>	<b>304,870.96</b>
<b>YTD Amount:</b>	<b>\$</b>	<b>304,870.96</b>

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1400014A

PAYMENT ISSUE DATE: 8/27/2014

**MERCED COUNTY TREASURER**

C/O WELLS FARGO BANK

PO BOX 981311

WEST SACRAMENTO 95798-1311

**Allocation of Vehicle License Fees-Local Realignment, Public Health**

Section 17604(b) Welfare and Institutions Code. To be deposited in General Fund for Public Health

Fiscal Year: 2014-15

More information at [http://www.sco.ca.gov/ard\\_local\\_apportionments.html](http://www.sco.ca.gov/ard_local_apportionments.html)

Collection Period 7/16/2014 TO: 8/15/2014

**Total amount collected: \$88,915,310.58**

**Gross monthly apportionment: \$88,915,310.58**

<b>Gross Claim</b>	<b>\$</b>	<b>570,950.03</b>
<b>County Medical Services Program Offset</b>	<b>\$</b>	<b>0.00</b>
<b>Net Claim / Payment Amount</b>	<b>\$</b>	<b>570,950.03</b>
<b>YTD Amount:</b>	<b>\$</b>	<b>570,950.03</b>



CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1400014A  
PAYMENT ISSUE DATE: 8/27/2014

**MODOC COUNTY TREASURER**  
204 COURT ST RM 101

ALTURAS CA 96101

**Allocation of Vehicle License Fees-Local Realignment, Public Health**

Section 17604(b) Welfare and Institutions Code. To be deposited in General Fund for Public Health

Fiscal Year: 2014-15

More information at [http://www.sco.ca.gov/ard\\_local\\_apportionments.html](http://www.sco.ca.gov/ard_local_apportionments.html)

Collection Period 7/16/2014 TO: 8/15/2014

**Total amount collected: \$88,915,310.58**

**Gross monthly apportionment: \$88,915,310.58**

<b>Gross Claim</b>	<b>\$</b>	<b>88,640.04</b>
<b>County Medical Services Program Offset</b>	<b>\$</b>	<b>0.00</b>
<b>Net Claim / Payment Amount</b>	<b>\$</b>	<b>88,640.04</b>
<b>YTD Amount:</b>	<b>\$</b>	<b>88,640.04</b>

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1400014A

PAYMENT ISSUE DATE: 8/27/2014

**MONO COUNTY TREASURER**

P O BOX 495

BRIDGEPORT CA

93517

**Allocation of Vehicle License Fees-Local Realignment, Public Health**

Section 17604(b) Welfare and Institutions Code. To be deposited in General Fund for Public Health

Fiscal Year: 2014-15

More information at [http://www.sco.ca.gov/ard\\_local\\_apportionments.html](http://www.sco.ca.gov/ard_local_apportionments.html)

Collection Period 7/16/2014 TO: 8/15/2014

**Total amount collected:** \$88,915,310.58

**Gross monthly apportionment:** \$88,915,310.58

<b>Gross Claim</b>	<b>\$</b>	<b>124,716.85</b>
<b>County Medical Services Program Offset</b>	<b>\$</b>	<b>0.00</b>
<b>Net Claim / Payment Amount</b>	<b>\$</b>	<b>124,716.85</b>
<b>YTD Amount:</b>	<b>\$</b>	<b>124,716.85</b>

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1400014A

PAYMENT ISSUE DATE: 8/27/2014

**MONTEREY COUNTY TREASURER**

PO BOX 1406

SACRAMENTO CA

95812 1406

**Allocation of Vehicle License Fees-Local Realignment, Public Health**

Section 17604(b) Welfare and Institutions Code. To be deposited in General Fund for Public Health

Fiscal Year: 2014-15

More information at [http://www.sco.ca.gov/ard\\_local\\_apportionments.html](http://www.sco.ca.gov/ard_local_apportionments.html)

Collection Period 7/16/2014 TO: 8/15/2014

**Total amount collected:** \$88,915,310.58

**Gross monthly apportionment:** \$88,915,310.58

<b>Gross Claim</b>	<b>\$</b>	<b>838,342.65</b>
<b>County Medical Services Program Offset</b>	<b>\$</b>	<b>0.00</b>
<b>Net Claim / Payment Amount</b>	<b>\$</b>	<b>838,342.65</b>
<b>YTD Amount:</b>	<b>\$</b>	<b>838,342.65</b>

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1400014A  
PAYMENT ISSUE DATE: 8/27/2014

**NAPA COUNTY TREASURER**  
1195 THIRD STREET ROOM 108

NAPA CA 94559 3035

**Allocation of Vehicle License Fees-Local Realignment, Public Health**

Section 17604(b) Welfare and Institutions Code. To be deposited in General Fund for Public Health

Fiscal Year: 2014-15

More information at [http://www.sco.ca.gov/ard\\_local\\_apportionments.html](http://www.sco.ca.gov/ard_local_apportionments.html)

Collection Period 7/16/2014 TO: 8/15/2014

**Total amount collected:** \$88,915,310.58

**Gross monthly apportionment:** \$88,915,310.58

<b>Gross Claim</b>	<b>\$</b>	<b>474,364.67</b>
<b>County Medical Services Program Offset</b>	<b>\$</b>	<b>0.00</b>
<b>Net Claim / Payment Amount</b>	<b>\$</b>	<b>474,364.67</b>
<b>YTD Amount:</b>	<b>\$</b>	<b>474,364.67</b>

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1400014A  
PAYMENT ISSUE DATE: 8/27/2014

**NEVADA COUNTY TREASURER**

PO BOX 128

NEVADA CITY CA

95959

**Allocation of Vehicle License Fees-Local Realignment, Public Health**

Section 17604(b) Welfare and Institutions Code. To be deposited in General Fund for Public Health

Fiscal Year: 2014-15

More information at [http://www.sco.ca.gov/ard\\_local\\_apportionments.html](http://www.sco.ca.gov/ard_local_apportionments.html)

Collection Period 7/16/2014 TO: 8/15/2014

**Total amount collected:** \$88,915,310.58

**Gross monthly apportionment:** \$88,915,310.58

<b>Gross Claim</b>	<b>\$</b>	<b>300,417.46</b>
<b>County Medical Services Program Offset</b>	<b>\$</b>	<b>0.00</b>
<b>Net Claim / Payment Amount</b>	<b>\$</b>	<b>300,417.46</b>
<b>YTD Amount:</b>	<b>\$</b>	<b>300,417.46</b>

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1400014A  
PAYMENT ISSUE DATE: 8/27/2014

**ORANGE COUNTY TREASURER**

PO BOX 981024

WEST SACRAMENTO CA 95798 1024

**Allocation of Vehicle License Fees-Local Realignment, Public Health**

Section 17604(b) Welfare and Institutions Code. To be deposited in General Fund for Public Health

Fiscal Year: 2014-15

More information at [http://www.sco.ca.gov/ard\\_local\\_apportionments.html](http://www.sco.ca.gov/ard_local_apportionments.html)

Collection Period 7/16/2014 TO: 8/15/2014

**Total amount collected:** \$88,915,310.58

**Gross monthly apportionment:** \$88,915,310.58

<b>Gross Claim</b>	<b>\$</b>	<b>2,639,438.01</b>
<b>County Medical Services Program Offset</b>	<b>\$</b>	<b>0.00</b>
<b>Net Claim / Payment Amount</b>	<b>\$</b>	<b>2,639,438.01</b>
<b>YTD Amount:</b>	<b>\$</b>	<b>2,639,438.01</b>

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1400014A

PAYMENT ISSUE DATE: 8/27/2014

**PLACER COUNTY TREASURER**

2976 RICHARDSON DRIVE

AUBURN CA

95603

**Allocation of Vehicle License Fees-Local Realignment, Public Health**

Section 17604(b) Welfare and Institutions Code. To be deposited in General Fund for Public Health

Fiscal Year: 2014-15

More information at [http://www.sco.ca.gov/ard\\_local\\_apportionments.html](http://www.sco.ca.gov/ard_local_apportionments.html)

Collection Period 7/16/2014 TO: 8/15/2014

**Total amount collected:** \$88,915,310.58

**Gross monthly apportionment:** \$88,915,310.58

<b>Gross Claim</b>	<b>\$</b>	<b>124,397.63</b>
<b>County Medical Services Program Offset</b>	<b>\$</b>	<b>0.00</b>
<b>Net Claim / Payment Amount</b>	<b>\$</b>	<b>124,397.63</b>
<b>YTD Amount:</b>	<b>\$</b>	<b>124,397.63</b>

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1400014A

PAYMENT ISSUE DATE: 8/27/2014

**PLUMAS COUNTY TREASURER**

PO BOX 176

QUINCY CA

95971

**Allocation of Vehicle License Fees-Local Realignment, Public Health**

Section 17604(b) Welfare and Institutions Code. To be deposited in General Fund for Public Health

Fiscal Year: 2014-15

More information at [http://www.sco.ca.gov/ard\\_local\\_apportionments.html](http://www.sco.ca.gov/ard_local_apportionments.html)

Collection Period 7/16/2014 TO: 8/15/2014

**Total amount collected:** \$88,915,310.58

**Gross monthly apportionment:** \$88,915,310.58

<b>Gross Claim</b>	<b>\$</b>	<b>128,053.72</b>
<b>County Medical Services Program Offset</b>	<b>\$</b>	<b>0.00</b>
<b>Net Claim / Payment Amount</b>	<b>\$</b>	<b>128,053.72</b>
<b>YTD Amount:</b>	<b>\$</b>	<b>128,053.72</b>



CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1400014A

PAYMENT ISSUE DATE: 8/27/2014

**RIVERSIDE COUNTY TREASURER**

C/O UNION BANK OF CA ST GOV

PO BOX 4035

SACRAMENTO CA 95812 4035

**Allocation of Vehicle License Fees-Local Realignment, Public Health**

Section 17604(b) Welfare and Institutions Code. To be deposited in General Fund for Public Health

Fiscal Year: 2014-15

More information at [http://www.sco.ca.gov/ard\\_local\\_apportionments.html](http://www.sco.ca.gov/ard_local_apportionments.html)

Collection Period 7/16/2014 TO: 8/15/2014

**Total amount collected:** \$88,915,310.58

**Gross monthly apportionment:** \$88,915,310.58

<b>Gross Claim</b>	<b>\$</b>	<b>3,216,243.95</b>
<b>County Medical Services Program Offset</b>	<b>\$</b>	<b>0.00</b>
<b>Net Claim / Payment Amount</b>	<b>\$</b>	<b>3,216,243.95</b>
<b>YTD Amount:</b>	<b>\$</b>	<b>3,216,243.95</b>

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1400014A

PAYMENT ISSUE DATE: 8/27/2014

**SACRAMENTO COUNTY TREASURER**

PO BOX 980264

WEST SACRAMENTO CA 95798 0264

**Allocation of Vehicle License Fees-Local Realignment, Public Health**

Section 17604(b) Welfare and Institutions Code. To be deposited in General Fund for Public Health

Fiscal Year: 2014-15

More information at [http://www.sco.ca.gov/ard\\_local\\_apportionments.html](http://www.sco.ca.gov/ard_local_apportionments.html)

Collection Period 7/16/2014 TO: 8/15/2014

**Total amount collected: \$88,915,310.58**

**Gross monthly apportionment: \$88,915,310.58**

<b>Gross Claim</b>	<b>\$</b>	<b>1,014,674.71</b>
<b>County Medical Services Program Offset</b>	<b>\$</b>	<b>0.00</b>
<b>Net Claim / Payment Amount</b>	<b>\$</b>	<b>1,014,674.71</b>
<b>YTD Amount:</b>	<b>\$</b>	<b>1,014,674.71</b>

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1400014A

PAYMENT ISSUE DATE: 8/27/2014

**SAN BENITO COUNTY TREASURER**

COURTHOUSE

440 FIFTH ST RM 107

HOLLISTER CA

95023

**Allocation of Vehicle License Fees-Local Realignment, Public Health**

Section 17604(b) Welfare and Institutions Code. To be deposited in General Fund for Public Health

Fiscal Year: 2014-15

More information at [http://www.sco.ca.gov/ard\\_local\\_apportionments.html](http://www.sco.ca.gov/ard_local_apportionments.html)

Collection Period 7/16/2014 TO: 8/15/2014

**Total amount collected: \$88,915,310.58**

**Gross monthly apportionment: \$88,915,310.58**

<b>Gross Claim</b>	<b>\$</b>	<b>181,485.66</b>
<b>County Medical Services Program Offset</b>	<b>\$</b>	<b>0.00</b>
<b>Net Claim / Payment Amount</b>	<b>\$</b>	<b>181,485.66</b>
<b>YTD Amount:</b>	<b>\$</b>	<b>181,485.66</b>

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1400014A

PAYMENT ISSUE DATE: 8/27/2014

**SAN BERNARDINO COUNTY TREASURER**

PO BOX 1859

SACRAMENTO CA

95812

**Allocation of Vehicle License Fees-Local Realignment, Public Health**

Section 17604(b) Welfare and Institutions Code. To be deposited in General Fund for Public Health

Fiscal Year: 2014-15

More information at [http://www.sco.ca.gov/ard\\_local\\_apportionments.html](http://www.sco.ca.gov/ard_local_apportionments.html)

Collection Period 7/16/2014 TO: 8/15/2014

**Total amount collected: \$88,915,310.58**

**Gross monthly apportionment: \$88,915,310.58**

<b>Gross Claim</b>	<b>\$</b>	<b>3,577,083.99</b>
<b>County Medical Services Program Offset</b>	<b>\$</b>	<b>0.00</b>
<b>Net Claim / Payment Amount</b>	<b>\$</b>	<b>3,577,083.99</b>
<b>YTD Amount:</b>	<b>\$</b>	<b>3,577,083.99</b>

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1400014A

PAYMENT ISSUE DATE: 8/27/2014

**SAN DIEGO COUNTY TREASURER**

PO BOX 980304

WEST SACRAMENTO

95798 0304

**Allocation of Vehicle License Fees-Local Realignment, Public Health**

Section 17604(b) Welfare and Institutions Code. To be deposited in General Fund for Public Health

Fiscal Year: 2014-15

More information at [http://www.sco.ca.gov/ard\\_local\\_apportionments.html](http://www.sco.ca.gov/ard_local_apportionments.html)

Collection Period 7/16/2014 TO: 8/15/2014

**Total amount collected: \$88,915,310.58**

**Gross monthly apportionment: \$88,915,310.58**

<b>Gross Claim</b>	<b>\$</b>	<b>3,103,779.73</b>
<b>County Medical Services Program Offset</b>	<b>\$</b>	<b>0.00</b>
<b>Net Claim / Payment Amount</b>	<b>\$</b>	<b>3,103,779.73</b>
<b>YTD Amount:</b>	<b>\$</b>	<b>3,103,779.73</b>

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1400014A

PAYMENT ISSUE DATE: 8/27/2014

**SAN FRANCISCO COUNTY TREASURER**

PO BOX 2920

SACRAMENTO

95814-2920

**Allocation of Vehicle License Fees-Local Realignment, Public Health**

Section 17604(b) Welfare and Institutions Code. To be deposited in General Fund for Public Health

Fiscal Year: 2014-15

More information at [http://www.sco.ca.gov/ard\\_local\\_apportionments.html](http://www.sco.ca.gov/ard_local_apportionments.html)

Collection Period 7/16/2014 TO: 8/15/2014

**Total amount collected: \$88,915,310.58**

**Gross monthly apportionment: \$88,915,310.58**

<b>Gross Claim</b>	<b>\$</b>	<b>6,220,427.58</b>
<b>County Medical Services Program Offset</b>	<b>\$</b>	<b>0.00</b>
<b>Net Claim / Payment Amount</b>	<b>\$</b>	<b>6,220,427.58</b>
<b>YTD Amount:</b>	<b>\$</b>	<b>6,220,427.58</b>

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1400014A

PAYMENT ISSUE DATE: 8/27/2014

**SAN JOAQUIN COUNTY TREASURER**

PO BOX 981355

WEST SACRAMENTO CA 95798 1355

**Allocation of Vehicle License Fees-Local Realignment, Public Health**

Section 17604(b) Welfare and Institutions Code. To be deposited in General Fund for Public Health

Fiscal Year: 2014-15

More information at [http://www.sco.ca.gov/ard\\_local\\_apportionments.html](http://www.sco.ca.gov/ard_local_apportionments.html)

Collection Period 7/16/2014 TO: 8/15/2014

**Total amount collected: \$88,915,310.58**

**Gross monthly apportionment: \$88,915,310.58**

<b>Gross Claim</b>	<b>\$</b>	<b>1,407,519.28</b>
<b>County Medical Services Program Offset</b>	<b>\$</b>	<b>0.00</b>
<b>Net Claim / Payment Amount</b>	<b>\$</b>	<b>1,407,519.28</b>
<b>YTD Amount:</b>	<b>\$</b>	<b>1,407,519.28</b>

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1400014A  
PAYMENT ISSUE DATE: 8/27/2014

**SAN LUIS OBISPO COUNTY TREASURER**  
PO BOX 1149

SAN LUIS OBISPO CA 93406

**Allocation of Vehicle License Fees-Local Realignment, Public Health**

Section 17604(b) Welfare and Institutions Code. To be deposited in General Fund for Public Health

Fiscal Year: 2014-15

More information at [http://www.sco.ca.gov/ard\\_local\\_apportionments.html](http://www.sco.ca.gov/ard_local_apportionments.html)

Collection Period 7/16/2014 TO: 8/15/2014

**Total amount collected: \$88,915,310.58**

**Gross monthly apportionment: \$88,915,310.58**

<b>Gross Claim</b>	<b>\$</b>	<b>259,961.02</b>
<b>County Medical Services Program Offset</b>	<b>\$</b>	<b>0.00</b>
<b>Net Claim / Payment Amount</b>	<b>\$</b>	<b>259,961.02</b>
<b>YTD Amount:</b>	<b>\$</b>	<b>259,961.02</b>



CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1400014A

PAYMENT ISSUE DATE: 8/27/2014

**SAN MATEO COUNTY TREASURER**

C/O UNION BANK ST GOVT DEPT

PO BOX 4035

SACRAMENTO CA

95812

**Allocation of Vehicle License Fees-Local Realignment, Public Health**

Section 17604(b) Welfare and Institutions Code. To be deposited in General Fund for Public Health

Fiscal Year: 2014-15

More information at [http://www.sco.ca.gov/ard\\_local\\_apportionments.html](http://www.sco.ca.gov/ard_local_apportionments.html)

Collection Period 7/16/2014 TO: 8/15/2014

**Total amount collected: \$88,915,310.58**

**Gross monthly apportionment: \$88,915,310.58**

<b>Gross Claim</b>	<b>\$</b>	<b>1,443,959.96</b>
<b>County Medical Services Program Offset</b>	<b>\$</b>	<b>0.00</b>
<b>Net Claim / Payment Amount</b>	<b>\$</b>	<b>1,443,959.96</b>
<b>YTD Amount:</b>	<b>\$</b>	<b>1,443,959.96</b>

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1400014A

PAYMENT ISSUE DATE: 8/27/2014

**SANTA BARBARA COUNTY TREASURER**

PO BOX 579

SANTA BARBARA CA

93102

**Allocation of Vehicle License Fees-Local Realignment, Public Health**

Section 17604(b) Welfare and Institutions Code. To be deposited in General Fund for Public Health

Fiscal Year: 2014-15

More information at [http://www.sco.ca.gov/ard\\_local\\_apportionments.html](http://www.sco.ca.gov/ard_local_apportionments.html)

Collection Period 7/16/2014 TO: 8/15/2014

**Total amount collected: \$88,915,310.58**

**Gross monthly apportionment: \$88,915,310.58**

<b>Gross Claim</b>	<b>\$</b>	<b>264,004.68</b>
<b>County Medical Services Program Offset</b>	<b>\$</b>	<b>0.00</b>
<b>Net Claim / Payment Amount</b>	<b>\$</b>	<b>264,004.68</b>
<b>YTD Amount:</b>	<b>\$</b>	<b>264,004.68</b>

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1400014A

PAYMENT ISSUE DATE: 8/27/2014

**SANTA CLARA COUNTY TREASURER**

PO BOX 1406

SACRAMENTO CA

95812

**Allocation of Vehicle License Fees-Local Realignment, Public Health**

Section 17604(b) Welfare and Institutions Code. To be deposited in General Fund for Public Health

Fiscal Year: 2014-15

More information at [http://www.sco.ca.gov/ard\\_local\\_apportionments.html](http://www.sco.ca.gov/ard_local_apportionments.html)

Collection Period 7/16/2014 TO: 8/15/2014

**Total amount collected: \$88,915,310.58**

**Gross monthly apportionment: \$88,915,310.58**

<b>Gross Claim</b>	<b>\$</b>	<b>3,471,817.57</b>
<b>County Medical Services Program Offset</b>	<b>\$</b>	<b>0.00</b>
<b>Net Claim / Payment Amount</b>	<b>\$</b>	<b>3,471,817.57</b>
<b>YTD Amount:</b>	<b>\$</b>	<b>3,471,817.57</b>

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1400014A

PAYMENT ISSUE DATE: 8/27/2014

**SANTA CRUZ COUNTY TREASURER**

PO BOX 1817

SANTA CRUZ CA

95061

**Allocation of Vehicle License Fees-Local Realignment, Public Health**

Section 17604(b) Welfare and Institutions Code. To be deposited in General Fund for Public Health

Fiscal Year: 2014-15

More information at [http://www.sco.ca.gov/ard\\_local\\_apportionments.html](http://www.sco.ca.gov/ard_local_apportionments.html)

Collection Period 7/16/2014 TO: 8/15/2014

**Total amount collected:** \$88,915,310.58

**Gross monthly apportionment:** \$88,915,310.58

<b>Gross Claim</b>	<b>\$</b>	<b>312,269.52</b>
<b>County Medical Services Program Offset</b>	<b>\$</b>	<b>0.00</b>
<b>Net Claim / Payment Amount</b>	<b>\$</b>	<b>312,269.52</b>
<b>YTD Amount:</b>	<b>\$</b>	<b>312,269.52</b>

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1400014A

PAYMENT ISSUE DATE: 8/27/2014

**SHASTA COUNTY TREASURER**

PO BOX 1859

SACRAMENTO CA

95812 1859

**Allocation of Vehicle License Fees-Local Realignment, Public Health**

Section 17604(b) Welfare and Institutions Code. To be deposited in General Fund for Public Health

Fiscal Year: 2014-15

More information at [http://www.sco.ca.gov/ard\\_local\\_apportionments.html](http://www.sco.ca.gov/ard_local_apportionments.html)

Collection Period 7/16/2014 TO: 8/15/2014

**Total amount collected:** \$88,915,310.58

**Gross monthly apportionment:** \$88,915,310.58

<b>Gross Claim</b>	<b>\$</b>	<b>832,017.79</b>
<b>County Medical Services Program Offset</b>	<b>\$</b>	<b>0.00</b>
<b>Net Claim / Payment Amount</b>	<b>\$</b>	<b>832,017.79</b>
<b>YTD Amount:</b>	<b>\$</b>	<b>832,017.79</b>

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1400014A  
PAYMENT ISSUE DATE: 8/27/2014

**SIERRA COUNTY TREASURER**

PO BOX 376

DOWNIEVILLE CA

95936 0376

**Allocation of Vehicle License Fees-Local Realignment, Public Health**

Section 17604(b) Welfare and Institutions Code. To be deposited in General Fund for Public Health

Fiscal Year: 2014-15

More information at [http://www.sco.ca.gov/ard\\_local\\_apportionments.html](http://www.sco.ca.gov/ard_local_apportionments.html)

Collection Period 7/16/2014 TO: 8/15/2014

**Total amount collected:** \$88,915,310.58

**Gross monthly apportionment:** \$88,915,310.58

<b>Gross Claim</b>	<b>\$</b>	<b>29,228.12</b>
<b>County Medical Services Program Offset</b>	<b>\$</b>	<b>0.00</b>
<b>Net Claim / Payment Amount</b>	<b>\$</b>	<b>29,228.12</b>
<b>YTD Amount:</b>	<b>\$</b>	<b>29,228.12</b>

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1400014A

PAYMENT ISSUE DATE: 8/27/2014

**SISKIYOU COUNTY TREASURER**

311 FOURTH ST RM 104

YREKA CA

96097

**Allocation of Vehicle License Fees-Local Realignment, Public Health**

Section 17604(b) Welfare and Institutions Code. To be deposited in General Fund for Public Health

Fiscal Year: 2014-15

More information at [http://www.sco.ca.gov/ard\\_local\\_apportionments.html](http://www.sco.ca.gov/ard_local_apportionments.html)

Collection Period 7/16/2014 TO: 8/15/2014

**Total amount collected:** \$88,915,310.58

**Gross monthly apportionment:** \$88,915,310.58

<b>Gross Claim</b>	<b>\$</b>	<b>234,170.85</b>
<b>County Medical Services Program Offset</b>	<b>\$</b>	<b>0.00</b>
<b>Net Claim / Payment Amount</b>	<b>\$</b>	<b>234,170.85</b>
<b>YTD Amount:</b>	<b>\$</b>	<b>234,170.85</b>

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1400014A

PAYMENT ISSUE DATE: 8/27/2014

**SOLANO COUNTY TREASURER TAX COLLECTOR**

675 TEXAS ST STE 1900

FAIRFIELD CA

94533 6337

**Allocation of Vehicle License Fees-Local Realignment, Public Health**

Section 17604(b) Welfare and Institutions Code. To be deposited in General Fund for Public Health

Fiscal Year: 2014-15

More information at [http://www.sco.ca.gov/ard\\_local\\_apportionments.html](http://www.sco.ca.gov/ard_local_apportionments.html)

Collection Period 7/16/2014 TO: 8/15/2014

**Total amount collected:** \$88,915,310.58

**Gross monthly apportionment:** \$88,915,310.58

<b>Gross Claim</b>	<b>\$</b>	<b>1,181,237.76</b>
<b>County Medical Services Program Offset</b>	<b>\$</b>	<b>0.00</b>
<b>Net Claim / Payment Amount</b>	<b>\$</b>	<b>1,181,237.76</b>
<b>YTD Amount:</b>	<b>\$</b>	<b>1,181,237.76</b>



CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1400014A  
PAYMENT ISSUE DATE: 8/27/2014

**SONOMA COUNTY TREASURER**

PO BOX 1204

SACRAMENTO CA 95812 1204

**Allocation of Vehicle License Fees-Local Realignment, Public Health**

Section 17604(b) Welfare and Institutions Code. To be deposited in General Fund for Public Health

Fiscal Year: 2014-15

More information at [http://www.sco.ca.gov/ard\\_local\\_apportionments.html](http://www.sco.ca.gov/ard_local_apportionments.html)

Collection Period 7/16/2014 TO: 8/15/2014

**Total amount collected:** \$88,915,310.58

**Gross monthly apportionment:** \$88,915,310.58

<b>Gross Claim</b>	<b>\$</b>	<b>1,922,575.20</b>
<b>County Medical Services Program Offset</b>	<b>\$</b>	<b>0.00</b>
<b>Net Claim / Payment Amount</b>	<b>\$</b>	<b>1,922,575.20</b>
<b>YTD Amount:</b>	<b>\$</b>	<b>1,922,575.20</b>

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1400014A

PAYMENT ISSUE DATE: 8/27/2014

**STANISLAUS COUNTY TREASURER**

PO BOX 3052

MODESTO CA

95353 3052

**Allocation of Vehicle License Fees-Local Realignment, Public Health**

Section 17604(b) Welfare and Institutions Code. To be deposited in General Fund for Public Health

Fiscal Year: 2014-15

More information at [http://www.sco.ca.gov/ard\\_local\\_apportionments.html](http://www.sco.ca.gov/ard_local_apportionments.html)

Collection Period 7/16/2014 TO: 8/15/2014

**Total amount collected: \$88,915,310.58**

**Gross monthly apportionment: \$88,915,310.58**

<b>Gross Claim</b>	<b>\$</b>	<b>348,585.42</b>
<b>County Medical Services Program Offset</b>	<b>\$</b>	<b>0.00</b>
<b>Net Claim / Payment Amount</b>	<b>\$</b>	<b>348,585.42</b>
<b>YTD Amount:</b>	<b>\$</b>	<b>348,585.42</b>

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1400014A

PAYMENT ISSUE DATE: 8/27/2014

**SUTTER COUNTY TREASURER**

PO BOX 546

YUBA CITY CA

95992

**Allocation of Vehicle License Fees-Local Realignment, Public Health**

Section 17604(b) Welfare and Institutions Code. To be deposited in General Fund for Public Health

Fiscal Year: 2014-15

More information at [http://www.sco.ca.gov/ard\\_local\\_apportionments.html](http://www.sco.ca.gov/ard_local_apportionments.html)

Collection Period 7/16/2014 TO: 8/15/2014

**Total amount collected:** \$88,915,310.58

**Gross monthly apportionment:** \$88,915,310.58

<b>Gross Claim</b>	<b>\$</b>	<b>463,613.31</b>
<b>County Medical Services Program Offset</b>	<b>\$</b>	<b>0.00</b>
<b>Net Claim / Payment Amount</b>	<b>\$</b>	<b>463,613.31</b>
<b>YTD Amount:</b>	<b>\$</b>	<b>463,613.31</b>

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1400014A

PAYMENT ISSUE DATE: 8/27/2014

TEHAMA COUNTY TREASURER

PO BOX 1150

RED BLUFF CA

96080

**Allocation of Vehicle License Fees-Local Realignment, Public Health**

Section 17604(b) Welfare and Institutions Code. To be deposited in General Fund for Public Health

Fiscal Year: 2014-15

More information at [http://www.sco.ca.gov/ard\\_local\\_apportionments.html](http://www.sco.ca.gov/ard_local_apportionments.html)

Collection Period 7/16/2014 TO: 8/15/2014

**Total amount collected:** \$88,915,310.58

**Gross monthly apportionment:** \$88,915,310.58

<b>Gross Claim</b>	<b>\$</b>	<b>311,648.67</b>
<b>County Medical Services Program Offset</b>	<b>\$</b>	<b>0.00</b>
<b>Net Claim / Payment Amount</b>	<b>\$</b>	<b>311,648.67</b>
<b>YTD Amount:</b>	<b>\$</b>	<b>311,648.67</b>

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1400014A  
PAYMENT ISSUE DATE: 8/27/2014

TRINITY COUNTY TREASURER  
PO BOX 1297

WEAVERVILLE CA 96093 1297

**Allocation of Vehicle License Fees-Local Realignment, Public Health**

Section 17604(b) Welfare and Institutions Code. To be deposited in General Fund for Public Health

Fiscal Year: 2014-15

More information at [http://www.sco.ca.gov/ard\\_local\\_apportionments.html](http://www.sco.ca.gov/ard_local_apportionments.html)

Collection Period 7/16/2014 TO: 8/15/2014

**Total amount collected:** \$88,915,310.58

**Gross monthly apportionment:** \$88,915,310.58

<b>Gross Claim</b>	<b>\$</b>	<b>130,640.85</b>
<b>County Medical Services Program Offset</b>	<b>\$</b>	<b>0.00</b>
<b>Net Claim / Payment Amount</b>	<b>\$</b>	<b>130,640.85</b>
<b>YTD Amount:</b>	<b>\$</b>	<b>130,640.85</b>

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1400014A  
PAYMENT ISSUE DATE: 8/27/2014

**TULARE COUNTY TREASURER**  
COUNTY CIVIC CENTER RM 103E  
221 SOUTH MOONEY BL  
VISALIA CA 93291

**Allocation of Vehicle License Fees-Local Realignment, Public Health**

Section 17604(b) Welfare and Institutions Code. To be deposited in General Fund for Public Health

Fiscal Year: 2014-15

More information at [http://www.sco.ca.gov/ard\\_local\\_apportionments.html](http://www.sco.ca.gov/ard_local_apportionments.html)

Collection Period 7/16/2014 TO: 8/15/2014

**Total amount collected: \$88,915,310.58**

**Gross monthly apportionment: \$88,915,310.58**

<b>Gross Claim</b>	<b>\$</b>	<b>531,140.62</b>
<b>County Medical Services Program Offset</b>	<b>\$</b>	<b>0.00</b>
<b>Net Claim / Payment Amount</b>	<b>\$</b>	<b>531,140.62</b>
<b>YTD Amount:</b>	<b>\$</b>	<b>531,140.62</b>

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1400014A

PAYMENT ISSUE DATE: 8/27/2014

**TUOLUMNE COUNTY TREASURER**

2 SOUTH GREEN ST

SONORA CA

95370

**Allocation of Vehicle License Fees-Local Realignment, Public Health**

Section 17604(b) Welfare and Institutions Code. To be deposited in General Fund for Public Health

Fiscal Year: 2014-15

More information at [http://www.sco.ca.gov/ard\\_local\\_apportionments.html](http://www.sco.ca.gov/ard_local_apportionments.html)

Collection Period 7/16/2014 TO: 8/15/2014

**Total amount collected:** \$88,915,310.58

**Gross monthly apportionment:** \$88,915,310.58

<b>Gross Claim</b>	<b>\$</b>	<b>241,226.47</b>
<b>County Medical Services Program Offset</b>	<b>\$</b>	<b>0.00</b>
<b>Net Claim / Payment Amount</b>	<b>\$</b>	<b>241,226.47</b>
<b>YTD Amount:</b>	<b>\$</b>	<b>241,226.47</b>

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1400014A

PAYMENT ISSUE DATE: 8/27/2014

**VENTURA COUNTY TREASURER**

C/O WELLS FARGO BANK

PO BOX 980307

WEST SACRAMENTO CA 95798 0307

**Allocation of Vehicle License Fees-Local Realignment, Public Health**

Section 17604(b) Welfare and Institutions Code. To be deposited in General Fund for Public Health

Fiscal Year: 2014-15

More information at [http://www.sco.ca.gov/ard\\_local\\_apportionments.html](http://www.sco.ca.gov/ard_local_apportionments.html)

Collection Period 7/16/2014 TO: 8/15/2014

**Total amount collected:** \$88,915,310.58

**Gross monthly apportionment:** \$88,915,310.58

<b>Gross Claim</b>	<b>\$</b>	<b>1,348,745.14</b>
<b>County Medical Services Program Offset</b>	<b>\$</b>	<b>0.00</b>
<b>Net Claim / Payment Amount</b>	<b>\$</b>	<b>1,348,745.14</b>
<b>YTD Amount:</b>	<b>\$</b>	<b>1,348,745.14</b>



CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1400014A  
PAYMENT ISSUE DATE: 8/27/2014

**YOLO COUNTY TREASURER**

PO BOX 1995

WOODLAND CA

95695

**Allocation of Vehicle License Fees-Local Realignment, Public Health**

Section 17604(b) Welfare and Institutions Code. To be deposited in General Fund for Public Health

Fiscal Year: 2014-15

More information at [http://www.sco.ca.gov/ard\\_local\\_apportionments.html](http://www.sco.ca.gov/ard_local_apportionments.html)

Collection Period 7/16/2014 TO: 8/15/2014

**Total amount collected:** \$88,915,310.58

**Gross monthly apportionment:** \$88,915,310.58

<b>Gross Claim</b>	<b>\$</b>	<b>113,384.97</b>
<b>County Medical Services Program Offset</b>	<b>\$</b>	<b>0.00</b>
<b>Net Claim / Payment Amount</b>	<b>\$</b>	<b>113,384.97</b>
<b>YTD Amount:</b>	<b>\$</b>	<b>113,384.97</b>

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1400014A

PAYMENT ISSUE DATE: 8/27/2014

**YUBA COUNTY TREASURER**

915 8TH ST STE 103

MARYSVILLE CA

95901 5273

**Allocation of Vehicle License Fees-Local Realignment, Public Health**

Section 17604(b) Welfare and Institutions Code. To be deposited in General Fund for Public Health

Fiscal Year: 2014-15

More information at [http://www.sco.ca.gov/ard\\_local\\_apportionments.html](http://www.sco.ca.gov/ard_local_apportionments.html)

Collection Period 7/16/2014 TO: 8/15/2014

**Total amount collected:** \$88,915,310.58

**Gross monthly apportionment:** \$88,915,310.58

<b>Gross Claim</b>	<b>\$</b>	<b>378,438.09</b>
<b>County Medical Services Program Offset</b>	<b>\$</b>	<b>0.00</b>
<b>Net Claim / Payment Amount</b>	<b>\$</b>	<b>378,438.09</b>
<b>YTD Amount:</b>	<b>\$</b>	<b>378,438.09</b>

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1400014A

PAYMENT ISSUE DATE: 8/27/2014

**BERKELEY CITY TREASURER**  
2081 CENTER STREET

BERKELEY CA 94704

**Allocation of Vehicle License Fees-Local Realignment, Public Health**

Section 17604(b) Welfare and Institutions Code. To be deposited in General Fund for Public Health

Fiscal Year: 2014-15

More information at [http://www.sco.ca.gov/ard\\_local\\_apportionments.html](http://www.sco.ca.gov/ard_local_apportionments.html)

Collection Period 7/16/2014 TO: 8/15/2014

**Total amount collected: \$88,915,310.58**

**Gross monthly apportionment: \$88,915,310.58**

<b>Gross Claim</b>	<b>\$</b>	<b>122,763.51</b>
<b>County Medical Services Program Offset</b>	<b>\$</b>	<b>0.00</b>
<b>Net Claim / Payment Amount</b>	<b>\$</b>	<b>122,763.51</b>
<b>YTD Amount:</b>	<b>\$</b>	<b>122,763.51</b>

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1400014A  
PAYMENT ISSUE DATE: 8/27/2014

**LONG BEACH CITY TREASURER**

333 W OCEAN BL

LONG BEACH CA

90802

**Allocation of Vehicle License Fees-Local Realignment, Public Health**

Section 17604(b) Welfare and Institutions Code. To be deposited in General Fund for Public Health

Fiscal Year: 2014-15

More information at [http://www.sco.ca.gov/ard\\_local\\_apportionments.html](http://www.sco.ca.gov/ard_local_apportionments.html)

Collection Period 7/16/2014 TO: 8/15/2014

**Total amount collected:** \$88,915,310.58

**Gross monthly apportionment:** \$88,915,310.58

<b>Gross Claim</b>	<b>\$</b>	<b>557,007.74</b>
<b>County Medical Services Program Offset</b>	<b>\$</b>	<b>0.00</b>
<b>Net Claim / Payment Amount</b>	<b>\$</b>	<b>557,007.74</b>
<b>YTD Amount:</b>	<b>\$</b>	<b>557,007.74</b>

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1400014A

PAYMENT ISSUE DATE: 8/27/2014

PASADENA CITY TREASURER

PO BOX 7115

PASADENA CA

91109 7215

**Allocation of Vehicle License Fees-Local Realignment, Public Health**

Section 17604(b) Welfare and Institutions Code. To be deposited in General Fund for Public Health

Fiscal Year: 2014-15

More information at [http://www.sco.ca.gov/ard\\_local\\_apportionments.html](http://www.sco.ca.gov/ard_local_apportionments.html)

Collection Period 7/16/2014 TO: 8/15/2014

**Total amount collected:** \$88,915,310.58

**Gross monthly apportionment:** \$88,915,310.58

<b>Gross Claim</b>	<b>\$</b>	<b>186,730.89</b>
<b>County Medical Services Program Offset</b>	<b>\$</b>	<b>0.00</b>
<b>Net Claim / Payment Amount</b>	<b>\$</b>	<b>186,730.89</b>
<b>YTD Amount:</b>	<b>\$</b>	<b>186,730.89</b>